

DEPUTY/OFFICE Sarah Cheung Long Beach	PUBLIC WORKS CASE SUMMARY DEPARTMENT OF INDUSTRIAL RELATIONS - DIVISION OF LABOR STANDARDS ENFORCEMENT						CASE NO
PROJECT	NAME				PROJECT CONTRACT NO		
	COUNTY		ADDRESS	City, State and Zip			
PROJECT (SUB) BOND (PRIME) INFORMATION	BONDING CO		ADDRESS	City, State and Zip		BOND NO.	AMOUNT OF BOND
	AGENT FOR SERVICE		ADDRESS	City, State and Zip			
	BONDING CO		ADDRESS	City, State and Zip		BOND NO.	AMOUNT OF BOND
	AGENT FOR SERVICE		ADDRESS	City, State and Zip			
PROJECT STATUS	BID AD DATE	CONTRACT AWARDED	STARTED		EST COMPLETION	COMPLETED	ACCEPTANCE
	NOX FILING DATE	FINAL PAYMENT DUE	RETENTION HELD	ISSUES			
PROJECT SUPERINTEN- DENT & INSPECTOR							
AWARDING BODY	NAME				E-MAIL		
	ADDRESS				TELEPHONE	FAX	
	City, State and Zip				Contact Person		
CONTRACTOR (DEFENDANT)	NAME				E-MAIL		
	ADDRESS				TELEPHONE	FAX	
	City, State and Zip				Contact Person		
PRIME CONTRACTOR	NAME				E-MAIL		
	ADDRESS				TELEPHONE	FAX	
	City, State and Zip				Contact Person		
CONTRACTOR'S (sub) LICENSE (prime) INFORMATION	NAME		d.b.a.	LICENSE NO.	EXPIRATION DATE	QUALIFIER	
	ADDRESS		City, State and Zip				
	BONDING COMPANY		ADDRESS	City, State and Zip	BOND NO. AMOUNT		
	AGENT FOR SERVICE		ADDRESS	City, State and Zip	EFFECTIVE DATES		
	NAME		d.b.a.	LICENSE NO.	EXPIRATION DATE	QUALIFIER	
	ADDRESS		City, State and Zip				
	BONDING COMPANY		ADDRESS	City, State and Zip	BOND NO. AMOUNT		
	AGENT FOR SERVICE		ADDRESS	City, State and Zip	EFFECTIVE DATES		
SECRETARY OF STATE INFORMATION IF CORPORATION (PRIME)	NAME		ADDRESS	City, State and Zip	ISSUE DATE	CORPORATION NO	
	OFFICER - NAME		ADDRESS	City, State and Zip	STATUS	AS OF	
	AGENT FOR SERVICE OF PROCESS		ADDRESS	City, State and Zip			
	NAME		ADDRESS	City, State and Zip	ISSUE DATE	CORPORATION NO	
	OFFICER - NAME		ADDRESS	City, State and Zip	STATUS	AS OF	
COMPLAINANT	AGENT FOR SERVICE OF PROCESS		ADDRESS	City, State and Zip			
	NAME - ORGANIZATION		ADDRESS	City, State and Zip			TELEPHONE
	A/E/P						FAX